

# Technician Performance Appraisal Report

Technician Name: Doe, John A.	SSAN: 123-45-6789
Title/Series/Grade: Welder WG-3703-10	
Duty Location: MATES, Camp Roberts	Rating Period: 1 Dec 00 thru 30 Nov 01

## Part I. Critical Elements

Critical Elements (list no more than five)

A. Welding Operations: Performs welding, cutting, soldering and fabrication operations. Welding work includes but is not limited to heating, build-up overlay, heat treating, MIG, TIG, Plasma and oxy-acetylene cutting, soldering, and broken bolt removal. Welding operations may be in difficult locations out of position welding may be required.
B. Planning and Layout: Job requires ability to layout work using blueprints, sketches, drawings and verbal instructions. May require design teams and engineering to produce desired product. Modifies plans if needed to utilize available material.
C. Shop Operations: Plans work flow to achieve maximum efficiency while meeting priority requirements. Maintains an adequate supply of material and tooling to meet 95% of all job requirements. Works with customers to insure requirements are met. Maintains equipment and tooling in safe and operational condition.
D. Quality Control: Ensures that fabrication or repair is within required tolerance, fit and finish to perform as required. Uses measuring tools and layout techniques to reduce waste and job rejection. Maintains less than 5% job rejection.
E. Safety: Must use the required safety equipment and procedures at all times. Maintains equipment and shop area in a clean and safe condition. No lost time accidents due to failure to use proper safety procedures or correct safety hazard.

### Rating

Check Appropriate Level:

<input checked="" type="checkbox"/>	Fully Successful
<input type="checkbox"/>	Unacceptable
<input checked="" type="checkbox"/>	Fully Successful
<input type="checkbox"/>	Unacceptable
<input checked="" type="checkbox"/>	Fully Successful
<input type="checkbox"/>	Unacceptable
<input checked="" type="checkbox"/>	Fully Successful
<input type="checkbox"/>	Unacceptable

Performance Indicators: Check the applicable Critical Element letter(s)

### Q Quality

<b>Knowledge of Field or Profession:</b> Maintains and demonstrates technical competence and or expertise in areas of assigned responsibility.
<b>Accuracy and Thoroughness of Work:</b> Plans, organizes and executes work logically. Anticipates problems and determines appropriate solutions. Work is correct and complete.
<b>Soundness of Judgement and Decisions:</b> Assesses tasks objectively, researches and documents assignments carefully. Weighs alternative courses of action. Considering implications makes and executes timely decisions.
<b>Effectiveness of Written Documents:</b> Written work is clear, relevant, concise, well organized, grammatically correct and appropriate to audience.
<b>Effectiveness of Communications:</b> Presentation meets objectives, is persuasive tactful & appropriate to audience. Demonstrates attention, courtesy, and respect for all other points of view.

All	A	B	C	D	E
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Good \*

<b>Timeliness of Meeting Deadlines:</b> Completes in accordance with established deadlines.
<b>Effectiveness of Supervision:</b> Directs and coordinates activities of unit, assuring deadlines are met. A coach, counsels, develops and utilizes staff effectively, demonstrating a commitment to the workforce.
<b>Other (specify):</b>

All	A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### T Teamwork

<b>Participation:</b> Willingly participates in group activities, performing in a thoroughly professional manner. Communicates regularly with members. Seeks team consensus.
<b>Leadership:</b> Provides encouragement, guidance and direction to team members as needed. Adjusts style to fit situations.
<b>Cooperation:</b> Supports team initiatives. Demonstrates respect for team members, accepts the views of others, and actively supports team decisions.
<b>Other (specify):</b>

All	A	B	C	D	E
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C Customer Service

<b>Quality of Service:</b> Delivers high quality products and service to both external and internal customers. Initiates and responds to suggestions for improving service.
<b>Timeliness of Service:</b> Delivers quality products and services in accordance with time schedules agreed upon with customers.
<b>Courtesy:</b> Treats external and internal customers with courtesy and respect. Customer satisfaction is high priority.
<b>Other (specify):</b>

All	A	B	C	D	E
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part II Progressive Review

Date of review and signature of technician and Rating Official. (Six (6) month review require) This does not replace the requirement to record on NGB 904-1.

Date: \_\_\_\_\_

Rating Official Signature: \_\_\_\_\_

Technician Signature: \_\_\_\_\_

## Part IIA Probation Report

☐ Recommend Retention

☐ Recommend Non-retention

**Rating Official Signature:** \_\_\_\_\_ **Technician Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

## Part III Summary Rating

☐ Fully Successful



**Unacceptable** (Requires a summarization in the space below of the basis for the rating. If additional space provide comments as an attachment)

## Part IV Certification

Technician's signature certifies review and discussion with Rating official. It does not indicate concurrence with the information on this form.

Critical Elements/Performance Indicators (Sign when plan is established/updated)

Technician Performance Appraisal Report (sign when rating is complete)

 Rating Official	1 Dec 00 Date	Rating Official	Date
 Technician	1 Dec 00 Date	Approving Official	Date
		Technician	Date